EXHIBIT C

COMPREHENSIVE REHABILITATION RE-EVALUATION

Containing

Extended Follow Up Office Visit
Updated Vocational Position Statement
Updated AMA Impairment Rating
Updated Functional Assessment
Updated Continuation of Care
Updated Summary Report
Updated Photographs
Updated Documentation

On

Shane Loveland

Prepared by:
Craig H. Lichtblau, M.D.
Board Certified Physical Medicine & Rehabilitation
Board Certified Brain Injury Medicine
Fellow, International Academy of Independent Medical Evaluators

Extended Follow-Up Office Visit

Craig H. Lichtblau, M.D., P.A.

PEDIATRIC · ADOLESCENT · ADULT · GERIATRIC

Physical Medicine and Rehabilitation Board Certified

Brain Injury Medicine Board Certified

550 Northlake Boulevard
North Palm Beach, Florida 33408-5409
Phone: (561) 842-3694
Facsimile: (561) 842-3774

Outpatient Physical Medicine
Inpatient Rehabilitation
Medical Functional Capacity Exams
Nationwide Catastrophic Evaluations

Kyle Farrar, Esq.
Farrar & Ball, LLP
1010 Lamar Street, Suite 1600
Houston, Texas 77002

Extended Follow-Up Office Visit

Date: 01/24/20
Patient: Shane Loveland
Chart #: 37074
DOB: 04/01/82
Date of Injury: 05/01/15

History of Present Illness:
The History of Present Illness is being obtained from the patient's mother, Rysta Susman. I initially evaluated this patient on June 9, 2017. Since that time the patient's mother states her son has remained relatively medically stable. He has not been admitted to the hospital. He is able to ambulate with his wheeled walker by himself. The patient's mother states that either she or somebody else has to be with him 24 hours a day as he has no judgment, insight or sense of consequence.

The patient's mother states her son has bladder and bowel accidents with frequency and he wears a diaper as a result. He goes to the bathroom when he is taken approximately once an hour. It is usually to urinate. He is currently living downstairs in a two story home. They have modified his current bed so he does not fall out of bed or climb out of bed and they have to wash the sheets and everything every morning as he urinates in the bed. The patient's mother states there has been no change in her son from a physical or cognitive standpoint and absolutely no improvement except for the fact that he can walk in a little more stable fashion; however, he still has to be monitored 24 hours a day. He has no idea what he is doing, where he is and how to behave.

The patient's mother states that for a while he was hitting people in the family; however, that has seemed to stop.

Past Medical History:
Fracture of his right foot.
No history of hypertension, diabetes, cancer or heart attack.

Past Surgical History:
None.

Allergies:
No known drug allergies.

Medications:
1. Divalproex 125 mg.
2. Depakote 4 capsules po in morning and midday, and 2 capsules at bedtime.
3. Trazodone 100 mg, 3 tablets po 30 minutes before bed.
4. Amantadine 10 mg, 1 tablet po two times a day.
5. Melatonin 5 mg tablet, 2 tablets po 20 minutes before bed.
6. Pantoprazole 40 mg, 1 tablet po two times a day.
7. Risperidone 1 mg, 2 tablets po three times a day.
8. Fluoxetine 20 mg, 1 tablet po daily.

Review of systems:
As per HPI.

Patient Observation:

Constitutional:	**General:** Well-nourished, well-developed male. **Vital Signs**: Stable, afebrile.
Psychiatric:	Alert and oriented x 1. He knew it was daytime. Serial threes are not intact.
Skin:	Without masses, lesions, or discharge.
Musculoskeletal:	**Gait:** Patient is able to ambulate with his wheeled walker. He is able to go from sit to stand independently.

Diagnostic Impression:
1. History of severe traumatic brain injury, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
2. History of right 1st rib fracture and right upper lobe pulmonary contusion with small pneumothorax, as seen on CT scan of his cervical spine without contrast performed on 05/01/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.

3. History of basilar skull fracture on the right with blood in the right external canal, air in the left temporal fossa, fluid in the sphenoid air cells, shearing type hemorrhage in the left basal ganglia, and suspicion for hemorrhagic contusions in the temporal lobes, more so on the right, demonstrated on CT scan of his head without contrast performed on 05/01/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
4. History of extensive right pulmonary contusion involving the upper and lower lobes with a small anterior pneumothorax; fractures of the right 1st, 5th, 6th and 7th ribs; right pleural effusion; and contused soft tissue of his right flank, demonstrated on CT scan of his chest, abdomen and pelvis with contrast performed on 05/01/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
5. History of fractures of his 8th and 9th posterior ribs, pneumothorax on the right with pulmonary contusions in the upper and lower lobes, demonstrated on CT scan of his thoracic spine performed on 05/01/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
6. History of endotracheal intubation and left subclavian line placement, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
7. History of ventriculostomy placement for intracranial pressure monitoring, secondary to severe brain injury, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
8. History of insertion of central venous catheter and arterial catheter, performed by Dr. Fernando Yepes on 05/01/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
9. History of diffuse pulmonary parenchymal opacity in the right lung with plate atelectasis in the right lower lobe consistent with pulmonary contusion complicated by atelectasis, demonstrated on chest x-ray obtained on 05/01/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
10. Status post placement of right-sided ventriculostomy for treatment of intracranial pressure and repair of right occipital full thickness laceration and irregular measurement, performed by Dr. Chinyere Obasi on 05/01/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
11. History of extensive hemorrhagic contusion of the left inferior front lobe and left temporal lobe with petechial hemorrhaging, subarachnoid blood in the interpeduncular cistern and anterior ambient cisterns, and a stable shearing type hemorrhage in the left basal ganglia with interval placement of a right-sided ventriculostomy, demonstrated on CT scan of his head performed on 05/02/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
12. Status post right side chest tube placement performed by Dr. William Sorrell on 05/07/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.

13. History of interval development of small amount of free abdominal and pelvic fluid with evidence of small bilateral pleural effusions and basilar consolidation in his right lower chest, demonstrated on CT scan of his abdomen with contrast, performed on 05/08/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
14. Status post bronchoscopy with bronchial wash with therapeutic aspiration of secretions, performed by Dr. Radu Neamu on 05/11/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
15. History of isolated segmental pulmonary embolus in the lingular branch of the left pulmonary artery, demonstrated on CT angiography of his chest performed on 05/13/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
16. History of persistent fever and leukocytosis, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
17. History of acute mixed hypoxic and hypercapnic respiratory failure with significantly worsening hypercapnia due to a combination of increased carbon dioxide production secondary to persistent fevers, inflammatory response, and increased dead space perfusion from contused lung parenchyma and hyperventilation, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
18. Status post placement of an IVC Simon Nitinol filter with a venacavogram on 05/14/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
19. Status post placement of a #8 French Shiley tracheostomy tube performed by Dr. William Sorrell on 05/15/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
20. Status post right thoracotomy with repair of right hemidiaphragm performed by Dr. Michael Bibler on 05/15/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
21. Status post placement of a left femoral arterial line performed by Dr. Mark Schanbacher on 05/15/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
22. Status post esophagogastroduodenoscopy performed by Dr. Arif Nawaz on 05/15/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
23. History of bronchoscopy with aspiration of secretions and bronchial wash performed by Dr. Radu Neamu on 05/16/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
24. Status post J tube placement on 05/16/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
25. Status post therapeutic bronchoscopy with aspiration of secretions performed by Dr. Radu Neamu on 05/17/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
26. History of insertion of a right internal jugular venous catheter performed by Dr. Mark Schanbacher on 05/18/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.

27. History of extensive venous thrombosis of both lower extremities from the common femoral veins to the calves, demonstrated on lower extremity venous Dopplers performed on 05/15/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
28. Status post esophagogastroduodenoscopy and percutaneous endoscopic gastrostomy performed by Dr. Atam Mehdiratta on 05/27/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
29. History of new patchy right base opacity consistent with infiltrate and atelectasis with radiographic appearance consistent with clinically suspected aspiration pneumonia, demonstrated on chest x-ray obtained on 05/31/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
30. History of moderate ventriculomegaly suspicious of communicating hydrocephalus with right subdural collection, resolving and evolving left frontal and temporal lobe contusions, demonstrated on CT scan of the head without contrast performed on 06/05/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
31. Status post placement of a right sided ventriculoperitoneal shunt performed by Dr. Chinyere Obasi on 06/08/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
32. Status post peritoneal mini laparotomy with peritoneal portion of the VP shunt placement performed by Dr. William Sorrell on 06/08/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
33. History of respiratory failure requiring mechanical ventilation on 06/14/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
34. History of extensive heterotopic ossification in the distal left thigh and left knee, demonstrated on plain film x-rays of his left knee performed on 06/23/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
35. History of inflammatory straining lateral to the right pelvis and right hip with a large complex appearing lesion lateral to the right hip, superficial to the IT band, likely representing a fluid collection including a potential abscess or hematoma, demonstrated on CT scan of his right lower extremity without contrast performed on 03/17/16, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
36. Status post cyst aspiration by ultrasound of his right hip performed by Dr. Sean Pawlowski on 03/21/16, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
37. History of heterotopic ossification involving the left hip joint and early arthritic changes bilaterally, demonstrated on plain film x-rays of his hips and pelvis performed on 04/20/16, secondary to injuries sustained in a motor vehicle accident on 05/01/15.

38. History of bilateral left greater than right inferior frontal and anterior temporal encephalomalacia compatible with sequelae of traumatic brain injury, mild generalized cerebral atrophy with mild dilation of the lateral ventricle, and a right parietal ventriculostomy catheter in place with the tip germinating into the right frontal horn, demonstrated on computed tomography of his head without contrast performed on 05/23/16, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
39. History of reflux esophagitis, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
40. History of hypertension secondary to injuries sustained in a motor vehicle accident on 05/01/15.
41. History of anxiety secondary to injuries sustained in a motor vehicle accident on 05/01/15.
42. Acute functional decline requiring dependence on other people for survival in his environment, secondary to severe traumatic brain injury, secondary to injuries sustained in a motor vehicle accident on 05/01/15.

Assessment:
Since I initially evaluated this patient on June 9, 2017, the patient's mother stated her son has remained relatively medically stable. He has not been admitted to the hospital. He is able to ambulate with his wheeled walker by himself; however, he still lacks judgment, insight and sense of consequence. The patient's mother stated that either she or somebody else has to be with him 24 hours a day as he has no judgment, insight or sense of consequence.

The patient's mother stated her son has bladder and bowel accidents with frequency and he wears a diaper as a result. He goes to the bathroom when he is taken approximately once an hour. It is usually to urinate. He is currently living downstairs in a two story home. They have modified his current bed so he does not fall out of bed or climb out of bed and they have to wash the sheets and everything every morning as he urinates in the bed. The patient's mother stated there has been no change in her son from a physical or cognitive standpoint and absolutely no improvement except for the fact that he can walk in a little more stable fashion. The patient's mother stated that because her son lacks judgment, insight and sense of consequence someone has to be with him 24 hours a day.

The patient's mother stated that for a while he was hitting people in the family; however, that has seemed to stop.

After evaluating this patient on June 9, 2017 and re-evaluating this patient on January 24, 2020, it must be realized this patient has consciousness and awareness. He does have awareness of his surroundings which means he can have a pain experience. There are three components to the pain experience. The first component to pain is the physical component which is the "ouch", the second component to pain is multiple ouches of suffering and the third component to pain is depression.

It is my opinion that even though this patient lacks judgment, insight, and sense of consequence he realizes who is around him and what is around him, and that he is not the same person he used to be. I believe that he does have enough cognitive awareness to realize his life has totally changed. The patient's mother has reiterated to me on today's visit that she does not want her son institutionalized.

A differential diagnosis was performed in order to obtain the diagnostic impression numbers **1-42.** This diagnostic impression was ruled in through medical records, knowledge, training, clinical practice experience, and peer review literature. Other causes were ruled out which include metastatic cancer and glioblastoma. These were ruled out by the objective medical evidence contained in the medical records and photographs. **(Tab #1).**

It is my medical opinion as a Board Certified Physiatrist that this patient has sustained a significant impairment, disability, and cost for future medical care as a direct result of the injuries sustained in the motor vehicle accident on 05/01/15.

In order to accurately define this patient's impairment, disability and cost for future medical care, the following will be performed.

1. Updated Vocational Position Statement.
2. Updated AMA Impairment Rating.
3. Updated Functional Assessment.
4. Updated Continuation of Care.
5. Updated Summary Report.
6. Updated Photographs.
7. Updated Documentation.

Craig H. Lichtblau, M.D.
American Board of Physical Medicine & Rehabilitation
Board Certified Physical Medicine & Rehabilitation
Board Certified Brain Injury Medicine
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